

LAKE COUNTY  
FLORIDA

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## ADDENDUM NO. 1

**Date: May 3, 2011**

**RFP No. 11-0019, Group Dental Insurance**

It is the vendor's responsibility to ensure their receipt of all addenda, and to clearly acknowledge all addenda within their initial proposal response. Acknowledgement may be confirmed either by inclusion of a signed copy of this addendum with the initial bid or proposal response, or by completion and return of the addendum acknowledgement section of the solicitation. Failure to acknowledge each addendum may prevent the bid or proposal from being considered for award.

The purpose of this addendum is to answer and clarify questions regarding this RFP.

1. Response due date has been changed From: May 6, 2011, 3:00 p.m.  
**To: May 11, 2011, 3:00 p.m.**
2. The County Selection Committee will meet to discuss the responses on **May 23, 2011**. Should your firm be recommended as a finalist, you must be available and prepared to meet with the Selection Committee for discussions on **May 25, 2011**.
2. Why is the County marketing the dental insurance at this time? **The current contact will expire on 9/30/11.**
3. What is the County's overall perception of the plan and of the current dental carrier? **Refer to section 2.1 of the RFP.**
4. In the claims analysis, why is there such a large jump in PPO enrollment on 10/1/10? **In conjunction with open enrollment, two divisions were added to the plan.**
5. How long has Human/CompBenefits been the dental carrier? **Under the current contact, since 10/1/2006**
6. When did the premium rates (shown in the RFP) go into effect? **10/1/2006**

7. What is the eligibility period for hires? **Generally employees are eligible for coverage the first of the month following 30 days of hire date. The waiting period for the PPO plan is 12 months for major services.**
8. Is Humana the medical carrier as well? **No.**
9. Do benefits run on a calendar year or plan year? **Calendar year**
10. Dependents/students are covered until what age on each plan? **26**
11. Please provide copies of the Certificates of Coverage for all three (3) dental plans. **Refer to Attachment F of the RFP which can be obtained by visiting our website at: [http://www.lakecountyfl.gov/departments/fiscal\\_and\\_administrative\\_services/procurement\\_services/bid\\_details.aspx?bid\\_number=11-0019](http://www.lakecountyfl.gov/departments/fiscal_and_administrative_services/procurement_services/bid_details.aspx?bid_number=11-0019)**
12. Provide experience for the Advantage plan in the same format that was provided in the RFP for the PPO plan. If experience report is not available for the Advantage plan, please provide a Utilization report for the same period. **Look at the revised “Attachment C” for the DHMO and Advantage Plan Claims Experience. This is located on our website at [http://www.lakecountyfl.gov/departments/fiscal\\_and\\_administrative\\_services/procurement\\_services/bid\\_details.aspx?bid\\_number=11-0019](http://www.lakecountyfl.gov/departments/fiscal_and_administrative_services/procurement_services/bid_details.aspx?bid_number=11-0019)**
13. Provide the most recent 12-18 months Utilization report for the DHMO plan. **Utilization reports are not available.**
14. Supply the RFP document in Word format. **Send your requests directly to [sdugan@lakecountyfl.gov](mailto:sdugan@lakecountyfl.gov) and I will e-mail it on a requested basis.**
15. Provide full street address of provider, City, State, Zip and Tax ID number (if available). **Please use what was provided in “Attachment B”, which may be obtained from our website at [http://www.lakecountyfl.gov/departments/fiscal\\_and\\_administrative\\_services/procurement\\_services/bid\\_details.aspx?bid\\_number=11-0019](http://www.lakecountyfl.gov/departments/fiscal_and_administrative_services/procurement_services/bid_details.aspx?bid_number=11-0019)**
16. Are you shopping carriers and agents or just carriers? **Carriers**
18. Is the County accepting DHMO alternatives or does it require a DHMO as part of a carriers response? **The County is looking for Proposals that provide benefits that meet the in-force coverage limits. A DHMO that includes the current benefits at minimum is required and deviations noted. One alternate offer will be considered per Section 1.14. Alternate Offers May Be Considered of the RFP.**
19. Is the participation currently voluntary? **Yes, the County pays 100% for single coverage.**
20. How many are currently eligible for coverage? **Effective 10/01 approximately 1300.**

21. Provide prior rates and renewal rates if available? **The rates have remained the same since the original effective date, October 1, 2008.**
22. What types of plans is the County desiring to see and if they're a matched request, what your current plan designs/certificates and/or booklets outlining the plan designs are? **The County is looking for proposals the provide benefits that meet the in-force coverage limits, including DHMO and PPO. One alternative is allowed per the RFP Section 1.14. For the current certificates please Refer to "Attachment F" of the RFP which may be obtained by visiting our website at [http://www.lakecountyfl.gov/departments/fiscal\\_and\\_administrative\\_services/procurement\\_services/bid\\_details.aspx?bid\\_number=11-0019](http://www.lakecountyfl.gov/departments/fiscal_and_administrative_services/procurement_services/bid_details.aspx?bid_number=11-0019)**

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Typed/Printed Name: \_\_\_\_\_